DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 R B WING 01/22/2020 445171 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION In (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {K 000} {K 000} INITIAL COMMENTS A Life Safety Code Revisit Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 01/22/2020. During this Life Safety Revisit Survey, The Waters of Shelbyville, LLC was found in substantial compliance with the requirements for participation in Medicare/Medicaid with Title 42 CFR Subpart 483.70(a), The Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-06 Standards For Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Facility ID: TN0201

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		AND HUMAN SERVICES	100	"ddy /	FORM APPROVE MB NO. 0938-039
STATEMEN	T OF DEFICIENCIES OF CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
PO	C#I	445171	8. WING		11/05/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
THE WA	TERS OF SHELBYVIL	LE, LLC		835 UNION STREET SHELBYVILLE, TN 37160	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLÉTIO
K 000	INITIAL COMMENT	S	K 00	0	
	Stories: 2 Construction Type: Plans Available ons Constructed: 1960's Sprinklered: Yes Certified beds: 96 Census: 69	ite			
	State of Tennessee Division of Health Li Office of Health Car During this Life Safe Shelbyville, LLC was compliance with the in Medicare/Medicai 483.70(a), The Rule of Health Board for I Facilities Chapter 12 Nursing Homes, and	Survey was conducted by the Department of Health censure and Regulations e Facilities on 11/05/2019. It survey, The Waters of sofound not in substantial requirements for participation d with Title 42 CFR Subpart sof Tennessee Department Licensing Health Care 100-08-06 Standards For I National Fire Protection 101 Life Safety (2012)			
SS=D	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required requipped with a latch use of a tool or key fusing one of the folloarrangements: CLINICAL NEEDS CLOCKING Where special lockin clinical security need only one locking devieach door and provise	R SECURITY THREAT g arrangements for the s of the patient are used, ce shall be permitted on sions shall be made for the	K 222	maintain all delayed egress of to meet set standards. 1. CORRECTIVE ACTIONS TAKEN: a. On 11/27/19, Maintenance Director repaired the alarm on egress door by room #6 it could be heard vactivated to meet standards.	the ector the 55 so when set
BORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGN.	ATURE	TITLE	(X6) DATE
		Y · V		HOMINISTRA DI	11/29/19

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OWR MC	0.0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		445171	B. WING		11	/05/2019
NAME OF	PROVIDER OR SUPPLIER		T	STREET ADDRESS, CITY, STATE, ZIP COD	======================================	
THE WA	TERS OF SHELBYVIL	LE, LLC		835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL OF THE SECTION OF THE S	ID PREFI) TAG	PROVIDER'S PLAN OF CORREX (EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETION DATE
	locks; keying of all I all times; or other si to the staff at all tim 18.2.2.2.5.1, 18.2.2 SPECIAL NEEDS L Where special locki safety needs of the Clinical or Security I being met. In additional electrical locks that upon loss of power protected by a supersystem and the lock complete smoke deconstantly monitored within the locked spin and detection system doors upon activation 18.2.2.2.5.2, 19.2.2. DELAYED-EGRESS ARRANGEMENTS Approved, listed delainstalled in accordant permitted on door as ordinary hazard contitudinal electrical system automatic sprinkler in 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLARRANGEMENTS Access-Controlled Einstalled in accordant permitted. 18.2.2.2.4, 19.2.2.2.4	cupants by: remote control of ocks or keys carried by staff at alch reliable means available es. 2.6, 19.2.2.2.5.1, 19.2.2.2.6 OCKING ARRANGEMENTS of the patient are used, all of the locking requirements are on, the locks must be fail safely so as to release to the device; the building is revised automatic sprinkler ed space is protected by a rection system (or is at an attended location ace); and both the sprinkler on are arranged to unlock the on. 2.5.2, TIA 12-4 LOCKING ayed-egress locking systems ce with 7.2.1.6.1 shall be semblies serving low and ents in buildings protected proved, supervised automatic or an approved, supervised yetem. LED EGRESS LOCKING gress Door assemblies ce with 7.2.1.6.2 shall be	K 2:	Administrator ver repairs on 11/27/1 b. On 11/5/19 Maintenance Supervisor/designed installed a label in the 30" delayed egron the door across indoor smoking meet set standard Administrator veri installation of the 11/27/19. 2. ALL OTHERS WITH POTENT BE AFFECTED: a. All residents and all visitors have the position be affected but not on 11/27/19 Maintenance Supervisor/designed all other delayed a alarms on delayed doors and inspectod of the delayed egree for proper labelif found no other findings.	the ree andicating ress door from the area to ds. The fied the label on restaff and tential to the were. The rested ctivation degress cted all ss doors and and rested and rested and rested all ss doors and and rested and	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445171 B. WING 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 222 | Continued From page 1 K 222 3. MEASURES TO **PREVENT** rapid removal of occupants by: remote control of **REOCCURRENCE:** locks; keying of all locks or keys carried by staff at a. On 11/27/19. the all times; or other such reliable means available Administrator inserviced to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 the Maintenance SPECIAL NEEDS LOCKING ARRANGEMENTS Supervisor/designee on the Where special locking arrangements for the requirement safety needs of the patient are used, all of the that the Clinical or Security Locking requirements are volume of the delav being met. In addition, the locks must be activation alarm must be electrical locks that fail safely so as to release sufficient to be heard by upon loss of power to the device; the building is protected by a supervised automatic sprinkler staff and delayed egress system and the locked space is protected by a doors must be labeled as complete smoke detection system (or is constantly monitored at an attended location such to meet set standards. within the locked space); and both the sprinkler b. Maintenance and detection systems are arranged to unlock the Supervisor/designee will doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 test all delay activation **DELAYED-EGRESS LOCKING** alarms on delayed egress ARRANGEMENTS doors and inspect labels on Approved, listed delayed-egress locking systems installed in accordance with 7.2,1.6.1 shall be all delayed egress doors permitted on door assemblies serving low and monthly to insure they work ordinary hazard contents in buildings protected properly and are maintained throughout by an approved, supervised automatic fire detection system or an approved, supervised as a part of the facility's automatic sprinkler system.

permitted.

18.2.2.2.4, 19.2.2.2.4

ARRANGEMENTS

18.2.2.2.4, 19.2.2.2.4

ARRANGEMENTS

ACCESS-CONTROLLED EGRESS LOCKING

Access-Controlled Egress Door assemblies

installed in accordance with 7.2.1.6.2 shall be

ELEVATOR LOBBY EXIT ACCESS LOCKING

Preventive

Program and

appropriate.

immediately.

Maintenance

addressed and

those inspection results as

are discovered, they will be

The

Maintenance

If any issues

document

resolved

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445171 B WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 222 | Continued From page 1 K 222 Supervisor/designee Will rapid removal of occupants by: remote control of review with the locks; keying of all locks or keys carried by staff at Administrator the . all times; or other such reliable means available to the staff at all times. inspection results. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 The Administrator will SPECIAL NEEDS LOCKING ARRANGEMENTS monitor adherence to the Where special locking arrangements for the safety needs of the patient are used, all of the Preventative Maintenance Clinical or Security Locking requirements are schedule and validate the being met. In addition, the locks must be Preventative Maintenance electrical locks that fail safely so as to release upon loss of power to the device; the building is documentation is in place. protected by a supervised automatic sprinkler 4. MONITORING **CORRECTIVE** system and the locked space is protected by a **ACTION:** complete smoke detection system (or is constantly monitored at an attended location a. The inspection results will within the locked space); and both the sprinkler presented by the and detection systems are arranged to unlock the Maintenance doors upon activation. 18.2.2.2.5.2. 19.2.2.2.5.2. TIA 12-4 Supervisor/designee to the **DELAYED-EGRESS LOCKING** Administrator monthly and ARRANGEMENTS the Administrator Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be the inspection present permitted on door assemblies serving low and results at the monthly ordinary hazard contents in buildings protected throughout by an approved, supervised automatic Quality fire detection system or an approved, supervised Assurance/Performance automatic sprinkler system. Improvement (QA/PI) 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING meeting. Inspection results ARRANGEMENTS and system components will Access-Controlled Egress Door assemblies be reviewed by the QA/PI installed in accordance with 7.2.1.6.2 shall be permitted. Committee with subsequent 18,2,2,2,4, 19,2,2,2,4 plans of correction ELEVATOR LOBBY EXIT ACCESS LOCKING developed and ARRANGEMENTS

as deemed

implemented

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED 0938-0391
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	DLE CONSTRUCTION 6 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		445171	B. WING		11/	05/2019
	PROVIDER OR SUPPLIER	LE, LLC	1	STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 222	Elevator lobby exit a accordance with 7.2 door assemblies in by an approved, sup detection system an automatic sprinkler 18.2.2.2.4, 19.2.2.2. This REQUIREMEN by: Based on observatifailed to maintain all The findings include 1. Observation and the AM, revealed the 30 alarm was insufficiend door by room 65. Upmember in the hall coalso noticeably quiet egress alarms in the	eccess door locking in 2.1.6.3 shall be permitted on buildings protected throughout pervised automatic fire and an approved, supervised system. 4 IT is not met as evidenced on and testing, the facility delayed egress doors. : testing on 11/05/2019 at 11:27 second delay activation activation no staff could hear it. This device was ter than all the other delayed building.	K 222		our with	
K 281 SS=D	7.2.1.6.1.1 #3 (2012) 2. Observation and to AM, the 30 second of from the indoor smooth such. NFPA 101, 19.2.2.2.7.2.1.6,1.1 #4 (2012) The maintenance dir finding which was lat	esting on 11/05/2019 at 11:32 lelayed egress door across king area was not labeled as 1 (2012 Edition), NFPA 101, Edition) ector was present for this er acknowledged by the the exit conference on	K 281			

FININILU. HIVOIZUIS DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445171 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 3 It is the intent of the facility to insure K 281 12/18/19 Illumination of Means of Egress proper illumination at the means Illumination of means of egress, including exit of egress to meet set standards. discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or 1. CORRECTIVE ACTIONS TAKEN: capable of automatic operation without manual a. By 12/18/19 the intervention. 18.2.8, 19.2.8 Maintenance This REQUIREMENT is not met as evidenced Supervisor/designee will install egress Based on an observation, the facility failed to lighting in the enclosed provide proper illumination of the means of earess. courtyard to be either continuously in The finding included: operation or capable of Observation on 11/05/2019 at 12:07 PM, revealed automatic operation inadequate egress lighting available in the roughly without manual 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, intervention to meet 7.8.1.1 (2012 Edition) set standards. The Administrator will verify The maintenance director was present for this finding which was later acknowledged by the by 12/18/19. Currently administrator during the exit conference on getting bids for this job. 11/05/2019. K 293 K 293 Exit Signage CFR(s): NFPA 101 SS=D Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination

travel is obvious.)

19.2.10.1

also served by the emergency lighting system.

(Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit

This REQUIREMENT is not met as evidenced

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		O	MB NO.	0938-039
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	11.	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 0 1		SURVEY
		445171	B. WING_		11/0	5/2019
	PROVIDER OR SUPPLIER	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 281	Illumination of Mear Illumination of mear discharge, is arrang shall be either conticapable of automati intervention. 18.2.8, 19.2.8 This REQUIREMEN by: Based on an obser provide proper illumegress. The finding included Observation on 11/0 inadequate egress I 70 ft by 70 ft enclose NFPA 101, 19.2.8 (27.8.1.1 (2012 Edition) The maintenance difinding which was la administrator during 11/05/2019. Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional saccordance with 7.1 also served by the e 19.2.10.1 (Indicate N/A in one-with less than 30 occ travel is obvious.)	ns of Egress ns of egress, including exit ged in accordance with 7.8 and nuously in operation or ic operation without manual NT is not met as evidenced vation, the facility failed to ination of the means of d: 05/2019 at 12:07 PM, revealed ighting available in the roughly ed courtyard. 2012 Edition), NFPA 101,	K 28	2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. On 11/27/19 the Maintenance Supervisor/designee inspected all other means of egress for proper lighting and found no other negative findings.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED 0938-0391
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DAT	E SURVEY IPLETED
		445171	B. WING		11/	05/2019
	PROVIDER OR SUPPLIER	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 281	Illumination of Mear Illumination of mear discharge, is arrang shall be either continuant capable of automati intervention. 18.2.8, 19.2.8 This REQUIREMENT by: Based on an observation on 11/0 inadequate egress lift of the proper illuminate egress. The finding included Observation on 11/0 inadequate egress lift of the proper illuminate egress lift of the proper illuminate egress. The maintenance diffinding which was lated administrator during 11/05/2019. Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional saccordance with 7.10 also served by the er 19.2.10.1	ns of Egress ns of egress, including exit led in accordance with 7.8 and nuously in operation or c operation without manual IT is not met as evidenced vation, the facility failed to ination of the means of E: 5/2019 at 12:07 PM, revealed ghting available in the roughly ed courtyard. 012 Edition), NFPA 101,	K 28	REOCCURRENCE: a. On 11/27/19, the Administrator inserviced the Maintenance Supervisor/designee of the requirement that means of egress must have proper illumination that is either continuously I operation or capable of automatic operation without manual intervention to meet set standards.	all	

This REQUIREMENT is not met as evidenced

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDI	NG 01	- MAIN BUILDING 01	COM	MPLETED
		445171	B. WING			11/	05/2019
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC		835	EET ADDRESS, CITY, STATE, ZIP CODE UNION STREET ELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	discharge, is arrang shall be either contil capable of automati intervention. 18,2.8, 19,2.8 This REQUIREMEN by: Based on an observation on 11/0 inadequate egress. The finding included Observation on 11/0 inadequate egress lift of the by 70 ft enclose NFPA 101, 19,2.8 (27,8.1.1 (2012 Edition) The maintenance diffinding which was late administrator during 11/05/2019. Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional saccordance with 7,10 also served by the entity 19,2.10.1 (Indicate N/A in one-site of the surface	is of Egress is of egress, including exit ed in accordance with 7.8 and incously in operation or c operation without manual IT is not met as evidenced vation, the facility failed to ination of the means of : 5/2019 at 12:07 PM, revealed ghting available in the roughly ed courtyard. 012 Edition), NFPA 101, i) rector was present for this ter acknowledged by the the exit conference on	K 29		b. Maintenance Supervisor/designee will inspect all means of egress monthly to insure the lighting is working properly as a part of the facility's Preventive Maintenance Program and document those inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the		
		T is not met as evidenced					

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 ~ MAIN BUILDING 01 445171 B. WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID 1D PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 281 Continued From page 3 K 281 Administrator the Illumination of Means of Egress Illumination of means of egress, including exit inspection results. discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or c. The Administrator will capable of automatic operation without manual intervention. monitor adherence to 18.2.8, 19.2.8 the Preventative This REQUIREMENT is not met as evidenced Maintenance schedule Based on an observation, the facility failed to and validate the provide proper illumination of the means of Preventative egress. Maintenance The finding included: documentation is in place. Observation on 11/05/2019 at 12:07 PM, revealed inadequate egress lighting available in the roughly 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2.8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019. K 293 K 293 | Exit Signage SS=D | CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced

FRINTED. 11/00/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		445171	B. WING		11/05/2019	
	PROVIDER OR SUPPLIER	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
K 281 K 293 SS=D	Illumination of Mean Illumination of mean discharge, is arrang shall be either conticapable of automatintervention. 18.2.8, 19.2.8 This REQUIREMENT by: Based on an obserprovide proper illumegress. The finding included Observation on 11/0 inadequate egress In 70 ft by 70 ft enclose NFPA 101, 19.2.8 (27.8.1.1 (2012 Edition The maintenance difinding which was la	ns of Egress ns of egress, including exit yed in accordance with 7.8 and nuously in operation or ic operation without manual IT is not met as evidenced vation, the facility failed to ination of the means of It: 15/2019 at 12:07 PM, revealed ighting available in the roughly ed courtyard. 2012 Edition), NFPA 101,	K 29	4. MONITORING CORRECTIVE ACTION: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performant Improvement (QA/PI)	to	
	accordance with 7.1 also served by the e 19.2.10.1 (Indicate N/A in one-with less than 30 oct travel is obvious.)	signs are displayed in 0 with continuous illumination mergency lighting system. story existing occupancies cupants where the line of exit T is not met as evidenced				

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445171 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) meeting. Inspection K 281 Continued From page 3 K 281 results and system Illumination of Means of Egress Illumination of means of egress, including exit components will be discharge, is arranged in accordance with 7.8 and reviewed by the QA/PI shall be either continuously in operation or Committee with capable of automatic operation without manual intervention. subsequent plans of 18.2.8, 19.2.8 correction developed This REQUIREMENT is not met as evidenced and implemented as Based on an observation, the facility failed to deemed necessary to provide proper illumination of the means of insure compliance is egress. maintained. The finding included: This plan of correction constitutes our credible allegation of compliance with Observation on 11/05/2019 at 12:07 PM, revealed all regulatory requirements. Our date inadequate egress lighting available in the roughly of compliance is 12/18/19. 70 ft by 70 ft enclosed courtyard. NFPA 101, 19.2,8 (2012 Edition), NFPA 101, 7.8.1.1 (2012 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019. K 293 K 293 | Exit Signage It is the intent of the facility to insure to 12/18/19 SS=D CFR(s): NFPA 101 provide proper exit signs to meet set standards. Exit Signage 2012 EXISTING 1. CORRECTIVE ACTIONS TAKEN: Exit and directional signs are displayed in accordance with 7.10 with continuous illumination a. By 12/18/19 the also served by the emergency lighting system. Maintenance Supervisor/designee (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit will repair the 2 exit travel is obvious.) signs in the enclosed This REQUIREMENT is not met as evidenced

MINTIED, THOUSENTS DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445171 R WING 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **835 UNION STREET** THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) courtyard to illuminate K 293 Continued From page 4 K 293 properly to meet set standards. The Based on observations, the facility failed to Administrator will verify provide proper exit signs. the repairs by 12/18/19. The findings include: 2. ALL OTHERS WITH POTENTIAL Observation on 11/05/2019 at 12:07 PM, revealed TO BE AFFECTED: 2 of 2 exit signs in the roughly 70 ft by 70 ft a. All residents and all enclosed courtyard that were not illuminated. NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, staff and visitors have 7.10.5.1 (2012 Edition) the potential to be affected but none The maintenance director was present for this finding which was later acknowledged by the were. On 11/27/19. administrator during the exit conference on the Maintenance 11/05/2019. K 343 K 343 Fire Alarm System - Notification SS=D CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual

with NFPA 72.

event of a fire.

signals.

In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the

19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced

Based on observation, the facility failed to provide audible and visible alarms in accordance

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED		
		445171	B. WING		11/05/2019
	PROVIDER OR SUPPLIER		6	STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE
SS=D	by: Based on observal provide proper exit The findings includ Observation on 11/2 of 2 exit signs in reclosed courtyard NFPA 101, 19.2.10 7.10.5.1 (2012 Edit) The maintenance of finding which was land administrator during 11/05/2019. Fire Alarm System CFR(s): NFPA 101 Fire Alarm - Notifica 2012 EXISTING Positive alarm seque 9.6.3.4 are permitted throughout by a spread accordance with 9.6 signals. In critical care areas The fire alarm system automatically to notification of a fire. 19.3.4.3, 19.3.4.3.1, This REQUIREMEN by: Based on observation	tions, the facility failed to signs. e: 05/2019 at 12:07 PM, revealed the roughly 70 ft by 70 ft that were not illuminated. 0.1 (2012 Edition), NFPA 101, ion) lirector was present for this ater acknowledged by the grade the exit conference on - Notification serion lence in accordance with in buildings protected inkler system. Occupant	K 293	Supervisor/designee inspected all other exit to insure they had proper exit signs that illuminated properly and found no other negative findings. 3. MEASURES TO PREVENT REOCCURRENCE: a. On 11/27/19 the Administrator inserviced the Maintenance Supervisor/designee or	

FINITIED. TITUOTZUTE FORM APPROVED OMB NO. 0938-0391

			1			7. 0930-03	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445171	B. WING		11	11/05/2019	
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE	
SS=D	by: Based on observation provide proper exit The findings include Observation on 11/6 2 of 2 exit signs in the enclosed courtyard NFPA 101, 19.2.10 7.10.5.1 (2012 Edition The maintenance of finding which was lead administrator during 11/05/2019. Fire Alarm System - CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm seque 9.6.3.4 are permitted throughout by a sprinotification is provide accordance with 9.6 signals. In critical care areas The fire alarm system automatically to notification of a fire. 19.3.4.3, 19.3.4.3.1, This REQUIREMEN by: Based on observation	tions, the facility failed to signs. 25/2019 at 12:07 PM, revealed the roughly 70 ft by 70 ft that were not illuminated. 1 (2012 Edition), NFPA 101, on) irector was present for this ater acknowledged by the gifthe exit conference on Notification tion ence in accordance with d in buildings protected nkler system. Occupant	K 293	the requirement exits must have exit signs that illuminate to most standards. b. Maintenance Supervisor/desi will inspect all et o insure they illuminate proper part of the facility Preventive Maintenance Preventive and document to the supervisor of the supervisor of the facility preventive of the supervisor of the facility preventive of the supervisor of the superviso	proper eet set gnee exit signs erly as a ty's		

FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION 1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		445171	B. WING		11/0	05/2019	
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC	835	REET ADDRESS, CITY, STATE, ZIP CODE S UNION STREET SELBYVILLE, TN 37160			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 293	by: Based on observator provide proper exitor. The findings include Observation on 11/2 of 2 exit signs in the enclosed courtyard NFPA 101, 19.2.10 7.10.5.1 (2012 Edition of the maintenance of finding which was land administrator during 11/05/2019. Fire Alarm System - CFR(s): NFPA 101 Fire Alarm - Notification of the country of the c	cions, the facility failed to signs. 25/2019 at 12:07 PM, revealed the roughly 70 ft by 70 ft that were not illuminated. 1 (2012 Edition), NFPA 101, on) irector was present for this ater acknowledged by the grade the exit conference on Notification Ation ence in accordance with drin buildings protected inkler system. Occupant	K 293	inspection results as appropriate. If any issues are discovered, they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results. c. The Administrator will monitor adherence to the Preventative			
	accordance with 9.6 signals. In critical care areas The fire alarm syste automatically to notice event of a fire. 19.3.4.3, 19.3.4.3.1, This REQUIREMEN by: Based on observati	i.3 by audible and visual i.3 by audible and visual i.4, visual alarms are sufficient. Im transmits the alarm ify emergency forces in the 19.3.4.3.2, 9.6.4, 9.7.1.1(1) IT is not met as evidenced on, the facility failed to visible alarms in accordance					

CONTLUTE HIVOROTO FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445171	B. WING		11/	05/2019	
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE OPRIATE	(X5) COMPLETION DATE	
K 293	by: Based on observat provide proper exit	ions, the facility failed to signs.	К2	Preventative Maintenance documentation is in	le	8	
	2 of 2 exit signs in the enclosed courtyard NFPA 101, 19.2.10 7.10.5.1 (2012 Edition The maintenance diffinding which was later the enclosed significant states and the enclosed significant states are significant significan	05/2019 at 12:07 PM, revealed the roughly 70 ft by 70 ft that were not illuminated. 11 (2012 Edition), NFPA 101, on) Trector was present for this ter acknowledged by the the exit conference on	К 3	place. 4. MONITORING CORRECTIVE ACTION: a. The inspection result will be presented by Maintenance Supervisor/designeed the Administrator monthly and the	the		
	9.6.3.4 are permitted throughout by a sprinotification is provide accordance with 9.6 signals. In critical care areas The fire alarm system automatically to notification of a fire. 19.3.4.3, 19.3.4.3.1, This REQUIREMEN by: Based on observation of through the servation of the s	ence in accordance with d in buildings protected nkler system. Occupant					

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

FORM APPROVED OMB NO. 0938-0391

COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 445171 B. WING 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Administrator will K 293 Continued From page 4 K 293 present the inspection results at the monthly Based on observations, the facility failed to Quality provide proper exit signs. Assurance/Performance The findings include: Improvement (QA/PI) meeting. Inspection Observation on 11/05/2019 at 12:07 PM, revealed 2 of 2 exit signs in the roughly 70 ft by 70 ft results and system enclosed courtyard that were not illuminated. components will be NFPA 101, 19.2.10.1 (2012 Edition), NFPA 101, reviewed by the QA/PI 7,10.5.1 (2012 Edition) Committee with The maintenance director was present for this subsequent plans of finding which was later acknowledged by the correction developed administrator during the exit conference on 11/05/2019. and implemented as K 343 K 343 Fire Alarm System - Notification SS=D CFR(s): NFPA 101 Fire Alarm - Notification 2012 EXISTING Positive alarm sequence in accordance with 9.6.3.4 are permitted in buildings protected throughout by a sprinkler system. Occupant notification is provided automatically in accordance with 9.6.3 by audible and visual In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of a fire. 19.3.4.3, 19.3.4.3.1, 19.3.4.3.2, 9.6.4, 9.7.1.1(1) This REQUIREMENT is not met as evidenced Based on observation, the facility failed to provide audible and visible alarms in accordance with NFPA 72.

FORM APPROVED OMB NO. 0938-0391

CENTE	KS FOR MEDICARE	& MEDICAID SERVICES			IVID IVO	. 0930-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION S 01 - MAIN BUILDING 01		E SURVEY MPLETED
		445171	B. WING		11/	05/2019
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
SS=D	by: Based on observat provide proper exits The findings include Observation on 11/0 2 of 2 exit signs in the enclosed courtyard NFPA 101, 19.2.10. 7.10.5.1 (2012 Edition The maintenance difinding which was land administrator during 11/05/2019. Fire Alarm System - CFR(s): NFPA 101 Fire Alarm - Notifica 2012 EXISTING Positive alarm seque 9.6.3.4 are permitted throughout by a sprin notification is provide accordance with 9.6 signals. In critical care areas The fire alarm system automatically to notifice event of a fire. 19.3.4.3, 19.3.4.3.1, This REQUIREMEN by: Based on observation	ions, the facility failed to signs. 25/2019 at 12:07 PM, revealed the roughly 70 ft by 70 ft that were not illuminated. 1 (2012 Edition), NFPA 101, pon) rector was present for this ter acknowledged by the the exit conference on Notification tion ence in accordance with the in buildings protected to halo accordant.	K 293	insure compliance maintained. This plan of correction constitute credible allegation of compliance all regulatory requirements. Our of compliance is 12/18/19.	ure to sible dards. KEN: nsed tall visible cion osed set	12/18/19

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			<u> NMR MO</u>	. 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	11.	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		445171	B. WING		11/	/05/2019
NAME OF	PROVIDER OR SUPPLIER	Number of the state of the stat		STREET ADDRESS, CITY, STATE, ZIP CODE		
THE WA	TERS OF SHELBYVIL	LE, LLC		835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	D BE	(X5) COMPLETION DATE
SS=F	The finding included Observation on 11/0 no audible and no videvice(s) in the rouge courtyard. NFPA 101, 19.3.4.3 9.6.3.5 (2012 edition) The maintenance difinding which was laadministrator during 11/05/2019. Maintenance, Inspected annually in accordant for Fire Doors and Onon-rated doors, incepatient rooms and soroutinely inspected amaintenance programming in the sting possess know that demonstrates a Written records of inmaintained and are 19.7.6, 8.3.3.1 (LSC 5.2, 5.2.3 (2010 NFF This REQUIREMEN by: Based on documen	d: 05/2019 at 12:07 PM, revealed risible fire alarm notification ghly 70 ft by 70 ft enclosed (2012 Edition), NFPA 101, n), NFPA 72, 18.5.4.3.2 (2010 irector was present for this ater acknowledged by the the exit conference on ction & Testing - Doors ction & Testing - Doors es are inspected and tested and tested and the company Protectives. Cluding corridor doors to moke barrier doors, are as part of the facility im. Ing the door inspections and wledge, training or experience bility. Is spection and testing are available for review. PA 80) T is not met as evidenced to review, the facility failed to	K 76	2. ALL OTHERS WITH POTENT TO BE AFFECTED: a. All residents and all staff and visitors ha the potential to be affected but none were. The facility h only one enclosed courtyard.	ve	
		on showing compliance of and inspecting of fire door				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED. 11/00/2019

FORM APPROVED

FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		445171	B. WING		11	/05/2019
	PROVIDER OR SUPPLIER	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF T	ULD BE	(X5) COMPLETION DATE
	The finding included Observation on 11/0 no audible and no videvice(s) in the rouge courtyard. NFPA 101, 19.3.4.3 9.6.3.5 (2012 edition Edition) The maintenance diffinding which was last administrator during 11/05/2019. Maintenance, Inspector CFR(s): NFPA 101 Maintenance, Inspector of the provide annually in accordant for Fire Doors and One Non-rated doors, incepatient rooms and surroutinely inspected a maintenance program Individuals performing testing possess know that demonstrates above that demonstrates above the provide document provide document provide document and provide document and provide document provide document and no surroutinely inspector of inspector of the provide document and provide document provide document and provide document provide document and provide document and provide document and provide document provide document provide document and provide document provide p	disible fire alarm notification ghly 70 ft by 70 ft enclosed (2012 Edition), NFPA 101, n), NFPA 72, 18.5.4.3.2 (2010) rector was present for this ter acknowledged by the the exit conference on ction & Testing - Doors etion & Testing - Doors et	K 761	a. On 11/27/19 the Administrator is serviced the Maintenance Supervisor/design the requirement the enclosed company that is and visible fire a service.	ne ignee on nt that purtyard audible	

		AND HUMAN SERVICES			FORM	APPROVEI 0938-039
STATEMEN	RS FOR MEDICARE T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(X3) DAT	E SURVEY PLETED
		445171	B. WING		11//	05/2019
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		
THE WA	TERS OF SHELBYVIL	LE, LLC		835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIES OF THE	JLD BE	(X5) COMPLETION DATE
		The second secon		notification devices	to	
K 343	Continued From pa	ge 5	K 3	43 meet set standards.		
	The finding included	1:		b. Maintenance		
	Observation on 11/0	05/2019 at 12:07 PM, revealed		Supervisor/designee	š	
	no audible and no v	isible fire alarm notification		will test both the		
	Contract of the Contract of th	ghly 70 ft by 70 ft enclosed		audible and visible f	ire	
	courtyard. NEPA 101 19 3 4 3	(2012 Edition), NFPA 101,		alarm notification		
		n), NFPA 72, 18.5.4.3.2 (2010		devices monthly to		
	Edition)			insure proper opera	tion	
	The maintenance di	rector was present for this		as a part of the facili	ty's	
	finding which was la	ter acknowledged by the		Preventive		
		the exit conference on		Maintenance Progra	m	
K 761	11/05/2019.	ction & Testing - Doors	K 76	61		
SS=F	The second secon	otion a resulting books				
	Fire doors assembli annually in accordar for Fire Doors and C Non-rated doors, inc patient rooms and s routinely inspected a maintenance progra Individuals performit testing possess know that demonstrates a Written records of in maintained and are 19.7.6, 8.3.3.1 (LSC 5.2, 5.2.3 (2010 NFF)	m. ng the door inspections and wledge, training or experience bility. spection and testing are available for review.				

assemblies.

Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	16	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		445171	B. WING		1 1	1/05/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 835 UNION STREET SHELBYVILLE, TN 37160			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
SS=F	The finding include Observation on 11/ no audible and no adevice(s) in the roucourtyard. NFPA 101, 19.3.4.3 9.6.3.5 (2012 edition) The maintenance of finding which was land administrator during 11/05/2019. Maintenance, Inspection of Fire Doors and of Non-rated doors, in patient rooms and stroutinely inspected maintenance programministrator programministrator doors, in patient rooms and stroutinely inspected maintenance programministrator doors, in patient rooms and stroutinely inspected maintenance programministrator doors, in patient rooms and stroutinely inspected maintenance programministrator doors, in patient rooms and stroutinely inspected maintenance programministrator doors, in patient rooms and stroutinely inspected maintenance programministrator doors, in patient rooms and stroutinely inspected maintenance programministrator doors.	ed: /05/2019 at 12:07 PM, revealed visible fire alarm notification ughly 70 ft by 70 ft enclosed 3 (2012 Edition), NFPA 101, on), NFPA 72, 18.5.4.3.2 (2010 director was present for this ater acknowledged by the g the exit conference on ection & Testing - Doors lies are inspected and tested ance with NFPA 80, Standard Other Opening Protectives acluding corridor doors to smoke barrier doors, are as part of the facility	K 34	and docume inspection r appropriate issues are d they will be and resolve immediately Maintenand Supervisor/ will review of	ent those results as results and results as		
	that demonstrates a Written records of ir maintained and are 19.7.6, 8.3.3.1 (LSC 5.2, 5.2.3 (2010 NFI This REQUIREMEN by: Based on document provide documentat	ability. nspection and testing are available for review.					

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		3 01 - MAIN BUILDING 01	COMPLETED	
		445171	B. WING		11/05/	2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNCES-REFERENCED TO THE APPR DEFICIENCY)	JLD BE C	(X5) OMPLET DATE
	The finding included Observation on 11, no audible and no device(s) in the roucourtyard. NFPA 101, 19.3.4.3 9.6.3.5 (2012 edition) The maintenance of finding which was the administrator during 11/05/2019. Maintenance, Inspected of the continuity in accordate for Fire Doors and the Non-rated doors, in patient rooms and stroutinely inspected maintenance program testing possess known that demonstrates a Written records of it maintained and are 19.7.6, 8.3.3.1 (LSC 5.2, 5.2.3 (2010 NFThis REQUIREMENT) Based on document provide documental	2/05/2019 at 12:07 PM, revealed visible fire alarm notification ughly 70 ft by 70 ft enclosed 3 (2012 Edition), NFPA 101, on), NFPA 72, 18.5.4.3.2 (2010 director was present for this ater acknowledged by the g the exit conference on ection & Testing - Doors lies are inspected and tested ance with NFPA 80, Standard Other Opening Protectives. Including corridor doors to smoke barrier doors, are as part of the facility am. In the door inspections and owledge, training or experience ability. Inspection and testing are available for review.	K 343	c. The Administrato monitor adherence the Preventative Maintenance sche and validate the Preventative Maintenance documentation is place. 4. MONITORING CORRECTIVACTION: a. The inspection res	ce to edule in	

PRINTED: 11/00/2019 FORM APPROVED OMB NO. 0938-0391

		A MEDICAID SERVICES	E.		1	0930-038	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION 1 - MAIN BUILDING 01		E SURVEY PLETED	
		445171	B. WING		11/0	05/2019	
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
SS=F	The finding included Observation on 11/1 no audible and no videvice(s) in the round courtyard. NFPA 101, 19.3.4.3 9.6.3.5 (2012 edition) The maintenance of finding which was labeled administrator during 11/05/2019. Maintenance, Inspective doors assemble annually in accordant for Fire Doors and One-rated doors, indepatient rooms and seroutinely inspected a maintenance program Individuals performing testing possess known that demonstrates a Written records of infinantal and are 19.7.6, 8.3.3.1 (LSC 5.2, 5.2.3 (2010 NFF This REQUIREMEN by: Based on documentation and accordant of the provide documentation of the provi	d: 05/2019 at 12:07 PM, revealed visible fire alarm notification ghly 70 ft by 70 ft enclosed (2012 Edition), NFPA 101, n), NFPA 72, 18.5.4.3.2 (2010) irector was present for this ater acknowledged by the grade the exit conference on action & Testing - Doors ction & Testing - Doors es are inspected and tested ance with NFPA 80, Standard Other Opening Protectives. Cluding corridor doors to moke barrier doors, are as part of the facility im. Ing the door inspections and wledge, training or experience bility. Ispection and testing are available for review.	K 761	will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection results at the monthly Quality Assurance/Performance Improvement (QA/PI)	o		

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED

445171 B. WING 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) meeting. Inspection K 343 Continued From page 5 K 343 results and system The finding included: components will be Observation on 11/05/2019 at 12:07 PM, revealed reviewed by the QA/PI no audible and no visible fire alarm notification Committee with device(s) in the roughly 70 ft by 70 ft enclosed subsequent plans of courtyard. NFPA 101, 19.3.4.3 (2012 Edition), NFPA 101, correction developed 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 and implemented as Edition) deemed necessary to The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019. K 761 | Maintenance, Inspection & Testing - Doors K 761 SS=F CFR(s); NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced Based on document review, the facility failed to provide documentation showing compliance of NFPA 80 for testing and inspecting of fire door assemblies.

(X2) MULTIPLE CONSTRUCTION

A: BUILDING 01 - MAIN BUILDING 01

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 445171 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 343 Continued From page 5 K 343 insure compliance is The finding included: maintained. Observation on 11/05/2019 at 12:07 PM, revealed This plan of correction constitutes our no audible and no visible fire alarm notification credible allegation of compliance with device(s) in the roughly 70 ft by 70 ft enclosed all regulatory requirements. Our date courtyard. NFPA 101, 19.3,4.3 (2012 Edition), NFPA 101, of compliance is 12/18/19. 9.6.3.5 (2012 edition), NFPA 72, 18.5.4.3.2 (2010 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019. It is the intent of the facility to insure to 12/18/19 K 761 K 761 Maintenance, Inspection & Testing - Doors provide documentation showing SS=F CFR(s): NFPA 101 testing and inspections of fire door assemblies to meet set Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested standards. annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 1. CORRECTIVE ACTIONS TAKEN: Non-rated doors, including corridor doors to a. On 11/27/19 the patient rooms and smoke barrier doors, are Administrator inroutinely inspected as part of the facility maintenance program. serviced the Individuals performing the door inspections and Maintenance testing possess knowledge, training or experience Supervisor/designee on that demonstrates ability. Written records of inspection and testing are the policy that all fire maintained and are available for review. door assemblies must 19.7.6, 8.3.3.1 (LSC) be inspected and tested 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced annually and those be documented on the Based on document review, the facility failed to provide documentation showing compliance of Annual Fire Door NFPA 80 for testing and inspecting of fire door Inspection form to assemblies. meet set standards.

(X2) MULTIPLE CONSTRUCTION

Event ID: TEZO21

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		445171	B. WING_		11/0	5/2019
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 761	The finding included Document review of AM and 10:36 AM, if fire door assembly included year. NFPA 101, 19.7.6 (2)	d: n 11/05/2019 between 9:15 revealed no documentation for nspections within the last 2012 Edition), NFPA 101,	K 76	2. ALL OTHERS WITH POTENTIAL TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. On 11/27/19 t Maintenance	9	
	4.4.2.1 (2012 Edition Edition), NFPA 80, 5 The maintenance difinding which was la administrator during 11/05/2019. Electrical Equipmen CFR(s): NFPA 101 Electrical Equipmen List in the REMARK Chapter 10, Electrical that are not address but are deficient. The applicable Life Safet citation, should be in Chapter 10 (NFPA 9) This REQUIREMEN by: Based on observation and included 1. Observation on 11	n), NFPA 101, 8.2.2.4 (2012 5.2 (2010 Edition) rector was present for this ter acknowledged by the the exit conference on t - Other t - Other s section any NFPA 99 al Equipment, requirements ed by the provided K-Tags, is information, along with the ty Code or NFPA standard included on Form CMS-2567. 9) T is not met as evidenced ons, the facility failed to quipment.	K 91	Supervisor/designee inspected and tested of the fire door assemblies and documented the	all	12

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

FRINTED: IT/00/2018 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

		IDENTIFICATION NUMBER:		NG 01 - MAIN BUILDING 01	COMPLETED	
		445171	B. WING		11/05/2019	
	PROVIDER OR SUPPLIED TERS OF SHELBYV			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160	11/00/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
K 761	Continued From p The finding include Document review AM and 10:36 AM fire door assembly year. NFPA 101, 19.7.6 4.4.2.1 (2012 Editi Edition), NFPA 80, The maintenance of finding which was administrator durin 11/05/2019. Electrical Equipme CFR(s): NFPA 101 Electrical Equipme List in the REMARI Chapter 10, Electri that are not addres but are deficient. To	age 6 ed: on 11/05/2019 between 9:15 revealed no documentation for inspections within the last (2012 Edition), NFPA 101, on), NFPA 101, 8.2.2.4 (2012 5.2 (2010 Edition) director was present for this ater acknowledged by the g the exit conference on nt - Other	K 76	findings on the An Fire Door Inspection negative findings will discovered during inspection and test 3. MEASURES TO PREVENT REOCCURRENCE: a. Maintenance Supervisor/designe will conduct annual tests and inspection annually as a part of	nual on; no vere the ting.	
	Chapter 10 (NFPA This REQUIREME! by: Based on observate maintain electrical of the finding included the finding included of th	NT is not met as evidenced ions, the facility failed to equipment.				
1		(2012 Edition), NFPA 101, , NFPA 70, 110.12 (2011				



MKINICU: 11/00/2019 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION 11 - MAIN BUILDING 01		E SURVEY IPLETED
		445171	B. WING			11/	05/2019
	PROVIDER OR SUPPLIER	LE, LLC		83	REET ADDRESS, CITY, STATE, ZIP CODE 5 UNION STREET HELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
	The finding included Document review of AM and 10:36 AM, fire door assembly it year. NFPA 101, 19.7.6 (24.4.2.1 (2012 Edition Edition), NFPA 80, 65. The maintenance of finding which was last administrator during 11/05/2019. Electrical Equipment CFR(s): NFPA 101. Electrical Equipment List in the REMARK Chapter 10, Electrical that are not address but are deficient. The applicable Life Safeticitation, should be in Chapter 10 (NFPA 97 This REQUIREMENT by: Based on observation and 11 revealed a wall outled box in room 59.	n 11/05/2019 between 9:15 revealed no documentation for nspections within the last 2012 Edition), NFPA 101, n), NFPA 101, 8.2.2.4 (2012 5.2 (2010 Edition) irector was present for this iter acknowledged by the ithe exit conference on t - Other t - Other S section any NFPA 99 al Equipment, requirements ed by the provided K-Tags, is information, along with the by Code or NFPA standard included on Form CMS-2567. 9) T is not met as evidenced ons, the facility failed to quipment. : 1/05/2019 at 11:21 AM, t not secured to the junction	K 7		facility's Preventive Maintenance Prograr and document those inspection results on the Annual Fire Door Inspections form. If any issues are discovered, they will addressed and resolve immediately. The Maintenance Supervisor/designee will review with the	be	
	Chapter 10 (NFPA 9 This REQUIREMEN by: Based on observation maintain electrical entertrical entertrica	9) T is not met as evidenced ons, the facility failed to quipment.					

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

		IDENTIFICATION NUMBER:	A. BUILDING 0		COMPLETED	
		445171	B. WING		11	11/05/2019
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			83	REET ADDRESS, CITY, STATE, ZIP COE 5 UNION STREET IELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLET DATE
K 919 SS=D	AM and 10:36 AM, fire door assembly year. NFPA 101, 19.7.6 (.4.4.2.1 (2012 Edition), NFPA 80, some continuous designation of the maintenance of the finding which was labeled administrator during 11/05/2019. Electrical Equipmer CFR(s): NFPA 101 Electrical Equipmer List in the REMARK Chapter 10, Electrical that are not address but are deficient. The applicable Life Safe citation, should be in Chapter 10 (NFPA 9). This REQUIREMEN by: Based on observation and the finding included 1. Observation on 1 revealed a wall outled box in room 59. NFPA 101, 19.5.1.1	d: on 11/05/2019 between 9:15 revealed no documentation for inspections within the last 2012 Edition), NFPA 101, on), NFPA 101, 8.2.2.4 (2012 5.2 (2010 Edition) lirector was present for this ater acknowledged by the g the exit conference on ont - Other It	K 761	Administrator the inspection results. The Administrate monitor adherent the Preventative Maintenance schand validate the Preventative Maintenance documentation is place.	ts. or will nce to nedule	



MUNICO. 11/00/2019 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTR DING 01 - MAIN			E SURVEY IPLETED
		445171	B. WING			11/	05/2019
	PROVIDER OR SUPPLIER	LE, LLC		835 UNION	DRESS, CITY, STATE, ZIP CODE STREET ILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFI) TAG	X (EA	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 761 K 919 SS=D	Continued From page The finding included Document review or AM and 10:36 AM, refire door assembly in year. NFPA 101, 19.7.6 (2 4.4.2.1 (2012 Edition Edition), NFPA 80, 5 The maintenance difinding which was la administrator during 11/05/2019. Electrical Equipment CFR(s): NFPA 101 Electrical Equipment List in the REMARKS Chapter 10, Electricat that are not addresse but are deficient. This applicable Life Safet citation, should be in Chapter 10 (NFPA 9) This REQUIREMENT by:	ge 6 d: n 11/05/2019 between 9:15 revealed no documentation for nspections within the last 2012 Edition), NFPA 101, n), NFPA 101, 8.2.2.4 (2012 5.2 (2010 Edition) irector was present for this ater acknowledged by the the exit conference on it - Other I	K 7	4.		E ults by the ee to	
	revealed a wall outle box in room 59. NFPA 101, 19.5.1.1 (1/05/2019 at 11:21 AM, et not secured to the junction (2012 Edition), NFPA 101, NFPA 70, 110.12 (2011					

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

FORM APPROVED
OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	COMPLETED			
		445171	B. WING		11/05/2019		
	PROVIDER OR SUPPLIER TERS OF SHELBYVI		STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETIO		
K 919	AM and 10:36 AM, fire door assembly year. NFPA 101, 19.7.6 (4.4.2.1 (2012 Edition), NFPA 80, The maintenance of finding which was administrator during 11/05/2019. Electrical Equipment	ed: on 11/05/2019 between 9:15 revealed no documentation for inspections within the last 2012 Edition), NFPA 101, on), NFPA 101, 8.2.2.4 (2012 5.2 (2010 Edition) director was present for this ater acknowledged by the g the exit conference on	K 761	Assurance/Performance Improvement (QA/PI) meeting. Inspection results and system components will be reviewed by the QA/PI Committee with subsequent plans of correction developed and implemented as deemed necessary to	e		
	Chapter 10, Electric that are not address but are deficient. The applicable Life Safe citation, should be in Chapter 10 (NFPA SThis REQUIREMENT by: Based on observation and the finding included 1. Observation on 1 revealed a wall outled box in room 59. NFPA 101, 19.5.1.1	KS section any NFPA 99 cal Equipment, requirements sed by the provided K-Tags, nis information, along with the ety Code or NFPA standard included on Form CMS-2567. a9) NT is not met as evidenced ions, the facility failed to equipment.					



FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171				PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		B. WING		11/05/2019		
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160 ID PROVIDER'S PLAN OF CORRECTION (X5			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
K 761	AM and 10:36 AM, if fire door assembly i year. NFPA 101, 19.7.6 (2 4.4.2.1 (2012 Edition Edition), NFPA 80, 5 The maintenance difinding which was la	n 11/05/2019 between 9:15 revealed no documentation for inspections within the last 2012 Edition), NFPA 101, in), NFPA 101, 8.2.2.4 (2012 i.2 (2010 Edition) rector was present for this ter acknowledged by the	K 761	insure compliance maintained. This plan of correction constitutes credible allegation of compliance all regulatory requirements. Our of compliance is 12/18/19.	s our with	
	Ki		K 919	It is the intent of the facility to insumaintain electrical equipment to moset standards. 1. CORRECTIVE ACTIONS TAKE a. On 11/27/19 the Maintenance Supervisor/designers secured the wall out to the junction box Room #59 to meet standards. b. On 11/12/19 the Maintenance Supervisor/designer replaced the power cord for the TV of B #2 in Room #80 to moset standards.	ee utlet in set	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		DING 01 - MAIN BUILDING 01		COMPLETED 11/05/2019		
		445171	B. WING					
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
			K 92		2. ALL OTHERS WITH POTENTI TO BE AFFECTED: a. All residents and all staff and visitors have the potential to be affected but none were. On 11/23/19 Maintenance Supervisor/designee inspected all wall	/e the		

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445171 B. WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **835 UNION STREET** THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) outlets and TV power K 919 Continued From page 7 K 919 cords throughout the Edition) facility for disrepair and found no other no 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room negative findings. 80 that was electrical taped due to damage of the 3. MEASURES TO PREVENT power cord. This cord also had a broken ground **REOCCURRENCE:** prong on the plug. NFPA 99, 10.3.1 (2012 Edition) a. On 11/27/19 the Administrator in-The maintenance director was present for this serviced the finding which was later acknowledged by the administrator during the exit conference on Maintenance 11/05/2019. K 920 K 920 | Electrical Equipment - Power Cords and Extens SS=E CFR(s): NFPA 101 Electrical Equipment - Power Cords and **Extension Cords** Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445171	B. WING			11/05/2019	
	PROVIDER OR SUPPLIER	LE, LLC		835	REET ADDRESS, CITY, STATE, ZIP CODE 5 UNION STREET IELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRI REGULATORY OR LSC IDENTIFYING INFORMATION) T/				PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X6) COMPLETION DATE
	Edition) 2. Observation on 1 revealed a power or 80 that was electric power cord. This coprong on the plug. NFPA 99, 10.3.1 (20) The maintenance of finding which was laadministrator during 11/05/2019. Electrical Equipment CFR(s): NFPA 101 Electrical Equipment Extension Cords Power strips in a paused for component patient-care-related (PCREE) assembles by qualified personn 10.2.3.6. Power strimay not be used for electronics), except rooms that do not use PCREE meet UL 13 strips for non-PCRE (outside of vicinity) in care rooms, power standards. All power precautions. Extens substitute for fixed we Extension cords use immediately upon coefficients.	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 Edition) Conservation on 11/05/2019 at 11:49 AM, evealed a power cord for the TV of bed 2 in room 80 that was electrical taped due to damage of the power cord. This cord also had a broken ground brong on the plug. NFPA 99, 10.3.1 (2012 Edition) The maintenance director was present for this inding which was later acknowledged by the administrator during the exit conference on 1/05/2019. Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101		20	Supervisor/designee of the requirement that outlets must be properly installed and all equipment cords must be in good repair to meet set standards. b. Maintenance Supervisor/designee will inspect all wall outlets and TV power	r	



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CHITTE	NO FOR WEDICARE	& MEDICAID SERVICES				CIMP IAC	0.0938-039
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
ur-wyn-		445171	B. WING			11	/05/2019
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC		835 UI	T ADDRESS, CITY, STATE, ZIP CODE NION STREET BYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 919	Edition) 2. Observation on 1 revealed a power core. This coprong on the plug. NFPA 99, 10.3.1 (20) The maintenance difinding which was la administrator during 11/05/2019.	1/05/2019 at 11:49 AM, ord for the TV of bed 2 in room all taped due to damage of the rd also had a broken ground	K 9		cords throughout the facility monthly for disrepair as a part of the facility's Prevent Maintenance Progra and document those inspection results as appropriate. If any issues are discovered they will be addresse and resolved	ive m	
SS=E	CFR(s): NFPA 101 Electrical Equipment Extension Cords Power strips in a pat used for components patient-care-related (PCREE) assembles by qualified personne 10.2.3.6. Power stripmay not be used for electronics), except i rooms that do not us PCREE meet UL 136 strips for non-PCREE (outside of vicinity) morare rooms, power strandards. All power precautions. Extension cords used mmediately upon con	ient care vicinity are only sof movable electrical equipment that have been assembled at and meet the conditions of os in the patient care vicinity non-PCREE (e.g., personal in long-term care resident e PCREE. Power strips for SA or UL 60601-1. Power in the patient care rooms seet UL 1363. In non-patient crips meet other UL strips are used with general on cords are not used as a					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		445171	B. WING	11/05			/05/2019
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC		STREET ADDRESS, CITY 835 UNION STREET SHELBYVILLE, TN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD INCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 920 SS=E	Edition) 2. Observation on 1 revealed a power or 80 that was electrical power cord. This coprong on the plug. NFPA 99, 10.3.1 (20) The maintenance difinding which was land administrator during 11/05/2019. Electrical Equipment CFR(s): NFPA 101 Electrical Equipment Extension Cords Power strips in a pattused for components patient-care-related (PCREE) assembles by qualified personned 10.2.3.6. Power stripmay not be used for electronics), except in rooms that do not us PCREE meet UL 136 strips for non-PCREE (outside of vicinity) more recautions. Extensis substitute for fixed will extension cords used mediately upon commediately upon commediately upon commediately upon consider that was extension cords used mediately upon commediately upon commediately upon considerations.	at 1/05/2019 at 11:49 AM, ord for the TV of bed 2 in room at taped due to damage of the rd also had a broken ground at 2 Edition) Trector was present for this ter acknowledged by the the exit conference on the Power Cords and Extens The Power Cords and	K 920	9 N Si w Ai in c. Th m th M	mmediately. The Maintenance upervisor/designee will review with the dministrator the espection results. The Administrator with a Preventative laintenance scheduled validate the	rill :o	



PRINTED: 11/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING 01 - MAIN BUILDING 01 B. WING 445171 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Preventative K 919 Continued From page 7 K 919 Maintenance Edition) documentation is in place. 2. Observation on 11/05/2019 at 11:49 AM, revealed a power cord for the TV of bed 2 in room 4. MONITORING CORRECTIVE 80 that was electrical taped due to damage of the ACTION: power cord. This cord also had a broken ground a. The inspection results prong on the plug. NFPA 99, 10.3.1 (2012 Edition) will be presented by the Maintenance The maintenance director was present for this Supervisor/designee to finding which was later acknowledged by the administrator during the exit conference on the Administrator 11/05/2019. K 920 K 920 Electrical Equipment - Power Cords and Extens SS=E CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEZO21

Facility ID: TN0201

If continuation sheet Page 8 ..



PRINTED: 11/06/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER; COMPLETED A BUILDING 01 - MAIN BUILDING 01 445171 B. WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) monthly and the K 919 Continued From page 7 K 919 Administrator will Edition) present the inspection results at the monthly Observation on 11/05/2019 at 11:49 AM. revealed a power cord for the TV of bed 2 in room Quality 80 that was electrical taped due to damage of the Assurance/Performance power cord. This cord also had a broken ground Improvement (QA/PI) prong on the plug. NFPA 99, 10.3.1 (2012 Edition) meeting. Inspection results and system The maintenance director was present for this components will be finding which was later acknowledged by the administrator during the exit conference on reviewed by the QA/PI 11/05/2019. Electrical Equipment - Power Cords and Extens K 920 K 920 SS=E CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TEZO21

Facility ID: TN0201

If continuation sheet Page 8



FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171			, , ,	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		FE SURVEY MPLETED
		B. WING		11.	11/05/2019	
	PROVIDER OR SUPPLIER TERS OF SHELBYVIL	LE, LLC		STREET ADDRESS, CITY, STATE, ZIP 835 UNION STREET SHELBYVILLE, TN 37160		
(X4) ID PREFIX TAG	(EACH DEFICIENCY		ID PREFIX TAG		N SHOULD BE E APPROPRIATE	(XS) COMPLETION DATE
SS=E	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		K 92	Committee subseque correction and imple deemed r insure co maintaine This plan of correction co credible allegation of con all regulatory requirement of compliance is 12/18/1 It is the intent of the facilithe use of unapprove taps and extension of set standards. 1. CORRECTIVE ACTI a. On 11/14/ Maintenant	ee with ent plans of n developed emented as necessary to impliance is ed. institutes our impliance with ints. Our date 9. ty to prevent ived power cords to meet ONS TAKEN: (19 the ince includesignee	12/18/19
: : : : : : :	rooms that do not us PCREE meet UL 136 strips for non-PCREI (outside of vicinity) more rooms, power standards. All power precautions. Extens substitute for fixed wextension cords used mmediately upon co	r strips are used with general ion cords are not used as a		strips in th located in basement	ne IT Room the and installed to meet set 9 the nce t/designee	

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 445171 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) strip powering personal K 920 Continued From page 8 K 920 equipment in Room 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 #147 and installed an (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced outlet to meet set standards. Based on observations, the facility failed to c. On 11/16/19 the prevent the use of unapproved power taps and extension cord use. Maintenance Supervisor/designee The findings include: removed the power 1. Observation on 11/05/2019 at 10:38 AM, strips powering the TV revealed power strips daisy chained back to back and exercise bike in the in the IT room located in the basement. Physical Therapy Room NFPA 99, 10.2.4 (2012 Edition) and installed an outlet Observation on 11/05/2019 at 10:46 AM, to meet set standards. revealed 1 power strip powering the patients personal equipment not listed for the use in room d. On 11/5/19 the 147. Maintenance NFPA 99, 10.2.4 (2012 Edition) Supervisor/designee removed extension 3. Observation on 11/05/2019 at 11:12 AM, revealed 1 power strip powering a TV and an cord used to power a exercise bike in the physical therapy room. clock behind the blue NFPA 99, 10.2.4 (2012 Edition) couch next to the front 4. Observation on 11/05/2019 at 11:17 AM, door in Room #58 and revealed 1 extension cord being used to power a installed an outlet to clock behind the blue couch next to the front door in room 58. meet set standards. NFPA 99, 10.2.4 (2012 Edition) NFPA 70, 590.3 2. ALL OTHERS WITH POTENTIAL (2011 Edition) TO BE AFFECTED: The maintenance director was present for this a. All residents and all finding which was later acknowledged by the staff and visitors have administrator during the exit conference on the potential to be 11/05/2019. affected but none

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED

FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING 01 - MAIN BUILDING 01 445171 B. WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) were. On 11/23/19 the K 920 | Continued From page 8 K 920 Maintenance 10.2,3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 Supervisor/designee (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 inspected all locations This REQUIREMENT is not met as evidenced throughout the facility Based on observations, the facility failed to for power strips and prevent the use of unapproved power taps and extension cords and extension cord use. found no other The findings include: negative findings. 3. MEASURES TO PREVENT 1. Observation on 11/05/2019 at 10:38 AM, revealed power strips daisy chained back to back **REOCCURRENCE:** in the IT room located in the basement. a. On 11/27/19 the NFPA 99, 10.2.4 (2012 Edition) Administrator in-2. Observation on 11/05/2019 at 10:46 AM. serviced the revealed 1 power strip powering the patients Maintenance personal equipment not listed for the use in room 147. Supervisor/designee NFPA 99, 10.2.4 (2012 Edition) and all other facility staff on the Observation on 11/05/2019 at 11:12 AM. revealed 1 power strip powering a TV and an requirement that exercise bike in the physical therapy room. power strips and NFPA 99, 10.2.4 (2012 Edition) extension cords are 4. Observation on 11/05/2019 at 11:17 AM. prohibited from being revealed 1 extension cord being used to power a used within the facility clock behind the blue couch next to the front door to meet set standards. in room 58. NFPA 99, 10.2.4 (2012 Edition) NFPA 70, 590.3 b. Maintenance (2011 Edition) Supervisor/designee

11/05/2019.

The maintenance director was present for this

finding which was later acknowledged by the

administrator during the exit conference on

will inspect all locations

throughout the facility

monthly for power

strips and extension

FORM APPROVED OMB NO. 0938-0391

CENTE	NO FOR MEDICARE	A MEDICALD SERVICES				IVID INO	. 0900-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED			
445171			B. WING			11/05/2019		
NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE	
	(NFPA 70), 590.3(D) This REQUIREMEN by: Based on observat prevent the use of u extension cord use. The findings include 1. Observation on 1 revealed power strip in the IT room locate NFPA 99, 10.2.4 (20) 2. Observation on 1 revealed 1 power str personal equipment 147. NFPA 99, 10.2.4 (20) 3. Observation on 11 revealed 1 power str exercise bike in the NFPA 99, 10.2.4 (20) 4. Observation on 11 revealed 1 extension clock behind the blue in room 58. NFPA 99, 10.2.4 (20) (2011 Edition) The maintenance dir finding which was lat	10.2.4 (NFPA 99), 400-8) (NFPA 70), TIA 12-5 IT is not met as evidenced ions, the facility failed to inapproved power taps and it 1/05/2019 at 10:38 AM, is daisy chained back to back ed in the basement. i12 Edition) 1/05/2019 at 10:46 AM, ip powering the patients not listed for the use in room in powering a TV and an onlysical therapy room.	K 92	4. MOI ACTI	cords to meet set standards. If any issues are discovered they will be addressed and resolved immediately. The Maintenance Supervisor/designee will review with the Administrator the inspection results. c. The Administrator will monitor adherence to the Preventative Maintenance schedule and validate the Preventative Maintenance documentation is in place. NITORING CORRECTIVE ION: a. The inspection results will be presented by the Maintenance Supervisor/designee to the Administrator monthly and the Administrator will present the inspection.	II o le		

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - MAIN BUILDING 01 445171 B. WING 11/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 8 K 920 10.2,3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 results at the monthly (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Quality This REQUIREMENT is not met as evidenced Assurance/Performance Based on observations, the facility failed to Improvement (QA/PI) prevent the use of unapproved power taps and meeting. Inspection extension cord use. results and system The findings include: components will be reviewed by the QA/PI 1. Observation on 11/05/2019 at 10:38 AM, Committee with revealed power strips daisy chained back to back in the IT room located in the basement. subsequent plans of NFPA 99, 10.2.4 (2012 Edition) correction developed and implemented as 2. Observation on 11/05/2019 at 10:46 AM, revealed 1 power strip powering the patients deemed necessary to personal equipment not listed for the use in room insure compliance is 147. NFPA 99, 10.2.4 (2012 Edition) maintained. This plan of correction constitutes our 3. Observation on 11/05/2019 at 11:12 AM, credible allegation of compliance with revealed 1 power strip powering a TV and an all regulatory requirements. Our date exercise bike in the physical therapy room. of compliance is 12/18/19. NFPA 99, 10.2.4 (2012 Edition) 4. Observation on 11/05/2019 at 11:17 AM, revealed 1 extension cord being used to power a clock behind the blue couch next to the front door in room 58. NFPA 99, 10.2.4 (2012 Edition) NFPA 70, 590.3 (2011 Edition) The maintenance director was present for this finding which was later acknowledged by the administrator during the exit conference on 11/05/2019.

(X2) MULTIPLE CONSTRUCTION



DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 445171 B. WING 11/05/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 835 UNION STREET THE WATERS OF SHELBYVILLE, LLC SHELBYVILLE, TN 37160 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Initial Comments E 000 E 000 During the emergency preparredness survey conducted on 11/05/2019, no deficiencies were cited. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.